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## \*BIBDATASHEET\*

CONFIRMATION NO. 6448

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/601,280	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> MUCKTER-2
<b>APPLICANTS</b> Helmut Muckter, Aachen, GERMANY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/390,416 06/21/2002				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY DE 102 27 886.5 06/21/2002 GERMANY DE 102 31 479.9 07/12/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/28/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 020151				
<b>TITLE</b> Blood pump with impeller				
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	